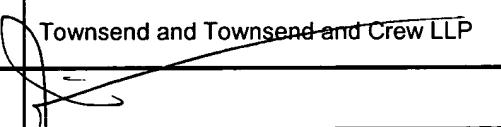


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|--|--|------------------------|------------------------|
| <p style="text-align: center;">TRANSMITTAL FORM</p> <p style="text-align: center;">(to be used for all correspondence after initial filing)</p> <p style="text-align: center;">Total Number of Pages in This Submission</p> | | Application Number | 09/536,932 |
| | | Filing Date | March 27, 2000 |
| | | First Named Inventor | Pettipiece, Kenneth J. |
| | | Art Unit | 2877 |
| | | Examiner Name | H. Lee |
| | | Attorney Docket Number | 002558-060520US |

| ENCLOSURES (Check all that apply) | | | | |
|--|--|---|---------|--|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <input type="checkbox"/> Return Postcard | | |
| <table border="1" style="width: 100%;"> <tr> <td style="width: 10%;">Remarks</td> <td>The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.</td> </tr> </table> | | | Remarks | The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430. |
| Remarks | The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430. | | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
|---|---|----------|--------|
| Firm Name | Townsend and Townsend and Crew LLP | | |
| Signature |  | | |
| Printed name | Joel G. Ackerman | | |
| Date | September 9, 2005 | Reg. No. | 24,307 |

| CERTIFICATE OF TRANSMISSION/MAILING | | | |
|---|---|------|-------------------|
| I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. | | | |
| Signature |  | | |
| Typed or printed name | Lois M. Simón | Date | September 9, 2005 |